



Technical Services Company

Polar Services

## DESIGN REVIEW FORM

Sign on routing and  
Return to: FEMC Document Control

PROJECT NO.  
SPECIFICATION NO.  
FACILITY  
LOCATION  
ORIGINATOR

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DESIGN REVIEW FOR: \_\_\_\_\_

Review By: \_\_\_\_\_

Status: \_\_\_\_\_ Revision No. \_\_\_\_\_ Date: \_\_\_\_\_

	Comments? Yes or No			Comments? Yes or No	
Architectural		Date	QA		Date
Construction		Date	Fire Protection		Date
Structural		Date	Environmental		Date
Mechanical		Date	Safety		Date
Electrical		Date	Operations		Date
Science		Date	Facilities Manager		Date
Info Systems		Date	Engineering Manager		Date
Project Engineer		Date	MTO		Date
Other		Date	Other		Date

Refer to the following Design Review Comment Sheet(s) where comments "Yes" are indicated above.



# DESIGN REVIEW COMMENT SHEET

REVIEWER NAME(S)		DATE	PAGE 1 of
REVIEW (%)			
<input type="checkbox"/>	ARCHITECTURAL	<input type="checkbox"/>	CIVIL
<input type="checkbox"/>	STRUCTURAL	<input type="checkbox"/>	FIRE PROTECTION
<input type="checkbox"/>	MECHANICAL	<input type="checkbox"/>	SPECS
<input type="checkbox"/>	ELECTRICAL	<input type="checkbox"/>	OTHER
DWG #	ITEM #	COMMENTS	ACTIONS
		Insert Additional Comment Line	
END OF COMMENTS			